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Bib Data Sheet

CONFIRMATION NO. 7990

<b>SERIAL NUMBER</b> 10/723,991	<b>FILING OR 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 1039-0011-CIP
<b>APPLICANTS</b> Michael Dahlin, Austin, TX; Randolph Lipscher, Austin, TX;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/440,557 11/15/1999 and claims benefit of 60/430,453 12/03/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/25/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 55	<b>TOTAL CLAIMS</b> 58
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 60533				
<b>TITLE</b> Electronic healthcare information and delivery management system with an integrated medical search architecture and capability				
<b>FILING FEE RECEIVED</b> 792	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	